



THE CITY OF
West Des Moines®
www.wdm-ia.com

Parks and Recreation

4200 Mills Civic Parkway
P.O. Box 65320
West Des Moines, IA 50265-0320

Administration Office
515-222-3444
FAX 515-222-3459

Nature Lodge
515-222-3424
FAX 515-222-3658

Community Center
515-222-3440
Fax 515-222-3457

Park Maintenance
515-222-3450

TDD/TTY 515-222-3334

E-mail parkrec@wdm-ia.com

2015 – WEST DES MOINES PARK AND RECREATION

FALL

ADULT COED KICKBALL APPLICATION

The West Des Moines Parks and Recreation Department is now accepting applications for our upcoming Adult Kickball League. Information for the League is enclosed. Please be aware that **Applications, Rosters and Fees are due on or before Monday, August 17, 4:00 pm. Teams not meeting this deadline will be accepted on an "as needed" basis.**

OFFICE ADDRESS	MAILING ADDRESS
West Des Moines Parks & Recreation 4200 George M. Mills Civic Parkway West Des Moines, IA. 50265 (515) 222-3444 FAX #: (515) 222-3459 Office hours: 8:00 am - 5:00 pm, Mon-Fri	City of West Des Moines Parks & Recreation Department P.O. Box 65320 West Des Moines, IA 50265 EMAIL: Kevin.fitzgerald@wdm.iowa.gov

Check out our web site for more information at www.wdm.iowa.gov

ADULT COED KICKBALL LEAGUES

START DATE:	Coed Kickball #14928	Monday, August 31
	Coed Kickball #14929	Tuesday, Sept 1
	Coed Kickball #14930	Wednesday, Sept 2
	Coed Kickball #14931	Thursday, Sept 3
GAME TIMES:	6:15 -9:15 p.m.	
LOCATIONS:	Raccoon River Softball Complex, 2500 Grand Ave., West Des Moines	
FEES:	\$164.30 per team (tax included) \$6.00 Non Resident fee	
FORMAT:	Recreational Adult Coed Kickball league. Official score keeper will be provided. Teams will play a 6 game schedule. The Department will furnish all game balls.	

IMPORTANT INFORMATION !!!

- The roster must have a minimum of 13 players and may have a maximum of 20 players. All players must be 18 years of age and out of high school.
- Teams shall consist of 10 players 5 male and 5 female. A team may play with 8 players but can never have more males than females in the line-up.
- It is the Manager's responsibility to make sure that every player reads, understands and completes all information correctly on the team roster and/or Add-A-Player forms.
- No player is allowed to play on more than one team within the same league.
- **Games will be 10 innings or 55 minutes.** An official game will be after 4½ innings. 55 minutes will be put up on scoreboard at the beginning of the game. The scoreboard horn sounding as this time expires will signal that no additional inning will start from that point. Any inning started before the horn, will be completed if the home team is behind. If the game is tied it must be played until the tie is broken. Game clock will only stop when directed by Staff Supervisor.

WEST DES MOINES PARKS AND RECREATION ADULT KICKBALL APPLICATION - 2015 SEASON

The following application must be completed and submitted at the time rosters and fees are turned into the Recreation Office.

1. Last year WDM Kickball Team Information (if applies)

Team Name _____ Manager's Name _____ Name of League _____

2. Current team information (Please print)

Managers name		Team name	
Mailing Address	Apt. #	City	Zip Code
Home phone		Work phone	
E-Mail Address (Required)		Second email	

3. Name of League Desired: 1st _____ 2nd _____ 3rd _____
(Fill in 5 number program code listed by each league)

4. Total number of players who reside outside the WDM City limits? _____

5. Team has "returning statuses"? (at least 51% of last years roster) yes no

What % are returning? _____

Total # of players returning from last years team? _____

6. Total # of players on roster? _____

7. Total # of players who reside within The City of West Des Moines? _____

7. Fees Submitted:

Team Entry Fee-	\$155.00	_____
6% Sales Tax	-\$9.30	_____
Non-resident Fees	-\$6.00 per player	_____

TOTAL FEES OWED _____

TOTAL FEES COLLECTED _____

Office Use Only: Date Received _____ Fees Collected _____
Time Received _____ Received By: _____
Check From _____ Check #: _____

SIGN-UP DEADLINE-Monday, August 17, 4:00pm.

Circle One

↓ MasterCard
or
Visa

_____ Credit Card Number

_____ Exp. Date

_____ Last 3 #'s on back of card

Discover

_____ Printed Name

_____ Signature

WEST MOINES PARKS AND RECREATION DEPARTMENT

Official Kickball Team Roster

NAME OF TEAM _____ LEAGUE _____
NAME OF MANAGER(print) _____ SIGNATURE _____
MAILING ADDRESS _____
CITY _____ ZIP _____
HOME PHONE _____ WORK PHONE _____
EMAIL _____ SECOND EMAIL _____
(Managers name must be listed below if playing on the team)

*** READ BEFORE SIGNING ROSTER ***

In consideration of being allowed to participate in the activities and programs of the City of West Des Moines Parks and Recreation Department, and to use its facilities, equipment or machinery, I, being of legal age, do hereby assume full responsibility for any risk, and waive, release, and forever discharge the City of West Des Moines, its officials and officers, employees, agents and representatives, from any and all liability claims, causes of action, demands, and expenses of every kind which may arise out of or relate to my participation in the activity that is the subject matter of this executed form. I further acknowledge that this release of liability is full and complete, and includes all injuries, damages, losses, known or unknown, which may hereafter develop as related to or arising out of the activity which is the subject matter of this executed form.

Photographic Release: Participants do hereby grant and convey unto the City all right, title, and interest in any and all photographic images and video or audio recordings made by the City during the Participant's Activities with the City, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings..

MINIMUM OF 13 AND MAXIMUM OF 20 PLAYER ON ROSTER

1.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____ Email_____
2.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____ Email_____
3.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____ Email_____
4.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____ Email_____
5.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____ Email_____
6.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____ Email_____
7.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____ Email_____
8.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____ Email_____
9.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____ Email_____

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MINIMUM OF 13 AND MAXIMUM OF 20 PLAYER ON ROSTER

10.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____Email_____
11.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____Email_____
12.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____Email_____
13.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____Email_____
14.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____Email_____
15.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____Email_____
16.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____Email_____
17.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____Email_____
18.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____Email_____
19.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____Email_____
20.____	Name (print)_____	Signature_____
Returning	Current Home Address_____	
	Zip Code_____	Phone_____Email_____